Schedule E)	FOR SE OF FORM 24/48
JAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	
	C C00530766
Check if X 24-hour report 48-hour report New report Amends report filed	I on Man / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Timothy Foley	M M / D D / Y Y Y
Mailing Address 20679 Glenbrook Terrace	11 19 2014 Amount
City State Zip Code	15.00
Sterling VA 20165	Transaction ID: a34ce1c1-22fd-4b72-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	11 19 / 2014
Name of Federal Candidate Support Office	e Sought: House District:00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disbut 290687.03 Disbut 2014	ursement For:
Full Name of Payee Felicia A Jones	Date of Public Distribution/Dissemination
Mailing Address	11 19 2014
Mailing Address 4106 Martha St	Amount
City State Zip Code	80.00
Shreveport LA 71109	Transaction ID: 817f5da6-f8a8-4dc5-b Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	11 / 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Offic	e Sought: House District: 00
Ms. Mary L Landrieu Oppose	President State: LA State:
Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	95.00
	7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not mwith, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Duto	11 21 2014
Signature	

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	g tititis
Check if 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee Felicia A Jones	Date of Public Distribution/Dissemination
	11 19 2014
Mailing Address 4106 Martha St	Amount
City State Zip Code	8.40
Shreveport LA 71109	Transaction ID : dd400484-a9c8-41ed-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	11 19 / 2014
Name of Federal Candidate Support Office	Sought: House District: 00
Ms. Mary L Landrieu Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought Disbut 290687.03 Disbut 2014	rsement For: Primary X General Other (specify) ▶
Full Name of Payee Julia Perry	Date of Public Distribution/Dissemination
	11 19 2014
Mailing Address 2046 Perrin St Apt C	Amount
City State Zip Code	100.00
Shreveport LA 71101	Transaction ID: b8d973e8-5e6d-49a0-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	11 19 / 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disbut 290687.03	ursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	108.40
	7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 1	1 21 2014
Signature	

Schedule E)	1 6/11 6/12			PAGE 3 OF 52 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	oort Amends repo	ort filed on	= M / D = D / Y = Y = Y
Full Name of Payee			Date o	f Public Distribution/Dissemination
Julia Perry			M	11 19 2014
Mailing Address 2046 Perrin St Apt C			Amoun	t
City	State	Zip Code		10.50
Shreveport	LA	71101		action ID : 2a6d7fa0-58dc-42e4-a f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		11 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Mary L Landrieu		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	, ,	290687.03	Disbursement 2014 Ot	For: Primary ⊠ General her (specify) ►
Full Name of Payee			Date o	f Public Distribution/Dissemination
American Airlines				10 / Y Y Y Y Y Y
Mailing Address PO Box 619616 MD 5675				11 19 2014
Marini 9 1991 9 PO DOX 019010 INID 30/3			Amour	nt
City	State	Zip Code		244.20
DW Airport	TX	75261	Transac Date o	ction ID : eba8fb66-cc8e-47b5-a f Disbursement or Obligation
Purpose of Expenditure Travel		Category/ Type 004		11 19 / 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
Mr. Greg Orman		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	,	257216.31	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	∌ S		•	254.70
(b) SUBTOTAL of Unitemized Independent Expendi	tures			4 4
(c) TOTAL Independent Expenditures			· -	7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	11	21 2014
Signature				

Schedule E)	ENT EXITEND	ITOTILO		PAGE 4 OF 52 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	M / D = D / Y = Y = Y
Full Name of Payee			Date of F	Public Distribution/Dissemination
Orbitz			M 11	
Mailing Address 500 W Madison			Amount	
1000		7: 0 1		54470
City Chicago	State IL	Zip Code 60661	Transact	544.70 tion ID : e9b56cf7-f8cc-4a91-9
Purpose of Expenditure		1		Disbursement or Obligation
Travel		Category/ Type 004	M 11	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		Oppose	President	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		257216.31	Disbursement F 2014 Othe	or: Primary X General or (specify) ▶
Full Name of Payee			Date of	Public Distribution/Dissemination
Orbitz			M 11	
Mailing Address 500 W Madison			Amount	
1000			Amount	
City	State	Zip Code		544.70
Chicago	IL	60661		on ID: 0e2a29e5-63f1-49e6-b Disbursement or Obligation
Purpose of Expenditure Travel		Category/ Type 004	11	
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Greg Orman		Oppose	President	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		257216.31	Disbursement F 2014 Othe	or: Primary X General or (specify) ►
-				
(a) SUBTOTAL of Itemized Independent Expendent	ditures		· •	1089.40
(b) SUBTOTAL of Unitemized Independent Exp	enditures		· •	7 1 7 1 7
(c) TOTAL Independent Expenditures			•	7 7
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee or	ndidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		21 2014
-				

Schedule E)	PAGE 5 OF 52 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	0 33333753
Check if 24-hour report 48-hour report New report Amends report f	filed on
Full Name of Payee	Date of Public Distribution/Dissemination
Delta Mailing Address PO Box 20706	11 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Walling Address PO Box 20706	Amount
City State Zip Code	789.20
Atlanta GA 30320	Transaction ID : 266938ad-e29b-4c06-a Date of Disbursement or Obligation
Purpose of Expenditure Travel Category/ Type 004	11 19 / 2014
Name of Federal Candidate Support O	Office Sought: House District:00
Mr. Greg Orman Oppose	President Senate State: KS
Calcidat Ical Io Date	Disbursement For: Primary X General 014 Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
United Airlines	11 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO Box 66100	Amount
City State Zip Code	598.20
Chicago IL 60666	Transaction ID : ca43f31e-22a0-457c-a Date of Disbursement or Obligation
Purpose of Expenditure Travel Category/ Type 004	11 19 / 2014
Name of Federal Candidate Support C	Office Sought: House District: 00
Mr. Greg Orman Oppose	President Senate State: KS
	Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	1387.40
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eigenty committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	11 21 2014
Signature	

Schedule E)	I EXI END	TOTILO		PAGE 6 OF 52 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee United Airlines			M = M	olic Distribution/Dissemination
Mailing Address PO Box 66100			Amount	19 2014
City	State	Zip Code		155.10
Chicago	IL	60666		n ID : 6e0423e0-5600-4bc1-b bursement or Obligation
Purpose of Expenditure Travel		Category/ Type 004	11	19 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		X Oppose	President	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	, , , 2	257216.31	Disbursement For: 2014 Other (Primary ⊠ General
Full Name of Payee			Date of Pul	blic Distribution/Dissemination
Enterprise			M M M	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 600 Corporate Park Dr			Amount	
City	State	Zip Code		3759.80
St Louis	МО	63105		ID: 89318e7c-dd5c-4a2d-9 bursement or Obligation
Purpose of Expenditure Travel		Category/ Type 004	11	19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Greg Orman		X Oppose	President	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	, ,	257216.31	Disbursement For: 2014 Other (Primary X General
(a) SUBTOTAL of Itemized Independent Expenditure	9S			3914.90
(b) SUBTOTAL of Unitemized Independent Expendi	tures			7 7 7
,,				7
(c) TOTAL Independent Expenditures)	7 1 27 1 20
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 / 21	2014
S.g.iataio				

Schedule E)	INT EXTEND	TIONES		PAGE 7 OF 52 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Enterprise			11	19 / 2014
Mailing Address 600 Corporate Park Dr			Amount	
City	State	Zip Code		3615.41
St Louis	МО	63105		ID: 5f6bbd71-9095-4f4f-b ursement or Obligation
Purpose of Expenditure Travel		Category/ Type 004	11	19 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		Oppose		Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee			Date of Publi	c Distribution/Dissemination
Krista J Smith			11	19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 41176 Bertville Rd			Amount	
City	State	Zip Code		25.00
Gonzales	LA	70737		D: 2fc10540-1ba3-4328-a ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 11	19 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , , ,	290687.03	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures			3640.41
, , ,				7 7
(b) SUBTOTAL of Unitemized Independent Exper	ditures		•	7
(c) TOTAL Independent Expenditures			•	114114
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candraty committee) any political party committee or	idate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 / 21	2014
Signature				

Schedule E)	VI EXI END	ITOTILO		PAGE 8 OF 52 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo		M / D D / Y Y Y Y Y
Full Name of Payee			Date o	f Public Distribution/Dissemination
Krista J Smith				11 19 2014
Mailing Address 41176 Bertville Rd			Amour	nt
City	State	Zip Code		4.74
Gonzales	LA	70737		action ID: 089319d2-60ee-402f-b f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	М	11 19 / 2014
Name of Federal Candidate		Support	Office Sought	: House District:00
Ms. Mary L Landrieu		X Oppose	Preside	nt X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, ,	290687.03	Disbursement 2014 Ot	For: Primary
Full Name of Payee			Date o	of Public Distribution/Dissemination
Lilly Green			M	11 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 205 Medallion Circle			Amour	nt
City	State	Zip Code	— Г.	40.00
Shreveport	LA	71119		ction ID: 6df38875-9e93-462e-9 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 19 / 2014
Name of Federal Candidate		Support	Office Sought	t: House District:00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	7	290687.03	Disbursement 2014 Of	t For:
(a) SUBTOTAL of Itemized Independent Expenditu	res			44.74
				7 7 7
(b) SUBTOTAL of Unitemized Independent Expendent	litures		•	7 7 7
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candic party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 /	21 / 2014

Schedule E)	EXI EIID	1101120		PAGE 9 OF 52 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if X 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
Full Name of Payee			Data a	C. D. Intilla Distribution / Discomination
Lilly Green			М	f Public Distribution/Dissemination
Mailing Address 205 Medallion Circle			Amour	nt
City	State	Zip Code		50.10
Shreveport	LA	71119		action ID: e430e533-4c15-402b-8 f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		11 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	2	290687.03	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
Full Name of Payee			Date of	of Public Distribution/Dissemination
Laura U Logie			М	11 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2565 Shire Circle				للنبا لنا ال
			Amour	nt
City	State	Zip Code		20.00
Harrisonburg	VA	22801	Transa Date o	ction ID : bdada3ea-3990-4889-a of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 19 / 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Mary L Landrieu		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	, ,	290687.03	Disbursement 2014 Of	t For: Primary X General
(a) SUBTOTAL of Itemized Independent Expenditures	i		•	70.10
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	
(c) TOTAL Independent Expenditures			· .	
Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	11	21 2014
Signature		_		

Schedule E)	/LINI L/X LITE	1101120		PAGE 10 OF 52 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
				/ D = D / Y = Y = Y
Check if X 24-hour report 48-hour report	t X New rep	oort Amends repo	ort filed on	
Full Name of Payee Carla K Pilgreen			Date of Pub	lic Distribution/Dissemination
Mailing Address 212 Stonecliff Dr			Amount	10 2017
City	State	Zip Code		35.00
West Monro	LA	71291		1D: 729b1b0a-bf63-4205-8 oursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 11	19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	290687.03	Disbursement For: 2014 Other (s	Primary ⊠ General specify) ►
Full Name of Payee Carla K Pilgreen			M = M	olic Distribution/Dissemination
Mailing Address 212 Stonecliff Dr			Amount	19 2014
City	State	Zip Code		6.90
West Monro	LA	71291		ID: 498afd91-03ec-49a0-9 bursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 11	19 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		290687.03	Disbursement For: 2014 Other (Primary X General Specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	nditures			41.90
(b) SUBTOTAL of Unitemized Independent Exp	penditures			
(c) TOTAL Independent Expenditures				
(4)			<u> </u>	
Under penalty of perjury I certify that the inder with, or at the request or suggestion of, any caparty committee) any political party committee	andidate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date		2014
Signature		_		

Schedule E)	INT EXICINE	ITOTILO		PAGE 11 OF 52 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Bobbie M Steinsholt			M = N	
Mailing Address 3009 Skelly St			Amount	19 2014
City	State	Zip Code		10.00
Shreveport	LA	71107		on ID : ab7d65ae-b8cf-4017-8 bisbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , , ,	290687.03	Disbursement For 2014 Other	or: Primary X General r (specify) ▶
Full Name of Payee			Date of P	Public Distribution/Dissemination
Jenny N Brown			M 11	19 / 2014
Mailing Address 1270 Lovelady Rd			Amount	
City	State	Zip Code		40.00
West Monroe	LA	71292		on ID: b383f66c-b0d7-4483-8 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 11	19 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	290687.03	Disbursement Fo	or:
(a) SUBTOTAL of Itemized Independent Expendit	ures			50.00
(b) SUBTOTAL of Uniternized Independent Exper	nditures			
(a) 30210112 of Childhill 200 mappingon 2.spor			•	7 1 7 1 7
(c) TOTAL Independent Expenditures			·	47 47 45
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candragery committee) any political party committee or	idate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		21 2014
- 3				

Schedule E)	NI EXPEND	JII UNES	PAGE 12 OF 52 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report 48-hour report	New re	port Amends repo	ort filed on
Full Name of Payee Jenny N Brown			Date of Public Distribution/Dissemination
Mailing Address 1270 Lovelady Rd			11 19 2014 Amount
077	Otata	7's Oads	7.50
City West Monroe	State LA	Zip Code 71292	7.50 Transaction ID : 0edf8571-c04c-496f-a
		71232	Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 / 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	290687.03	Disbursement For: Primary ☐ General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Maegan E McDaniel			11 19 2014
Mailing Address 3009 Skelly St			Amount
City	State	Zip Code	10.00
Shreveport	LA	71107	Transaction ID : ebd190dc-e962-4698-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 19 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	290687.03	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		. 17.50
			7 7 7
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		·
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candid party committee) any political party committee or its	date or authorize		
Ms. Emily Buchanan	[Electro	nically Filed] Date	11 21 / 2014
Signature			

Sch	nedule E)	L/(1 L. 1. 2.	1011=0				PAGE 13 OF 52 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC					C	C00530766
Che	ck if X 24-hour report 48-hour report	New repo	ort Am	nends repc	ort filed on	M M	/ D D / Y T Y T Y
	Full Name of Payee Maegan E McDaniel				Date	of Publi	c Distribution/Dissemination
	Mailing Address 3009 Skelly St				Amo	ount	
	City	State	Zip Code				3.90
	Shreveport	LA	71107				ID: 3cdc6158-9566-4569-a ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002		M 1M	19 / 2014
	Name of Federal Candidate		<u>'</u>	Support	Office Soug	ght:	House District: 00
	Ms. Mary L Landrieu			Oppose	Presi		Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	2	290687.03		Disburseme 2014	ent For: Other (sp	Primary
Γ	Full Name of Payee				Date	of Publi	ic Distribution/Dissemination
Ì	Susan K Hamby					M M M	19 2014
ľ	Mailing Address 202 Violet St	-					10 2011
					Amo	ount	
	City	State	Zip Code				20.00
	West Monroe	LA	71292				D: dd54fe30-5945-46c6-a ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001	$\exists \mid \mid$	11	19 2014
	Name of Federal Candidate			Support	Office Sou	ght:	House District:00
	Ms. Mary L Landrieu		X	Oppose	Pres	ident	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		290687.03	3	Disburseme 2014	ent For: Other (ร _เ	Primary X General
(8	a) SUBTOTAL of Itemized Independent Expenditures.				· •		23.90
(k	b) SUBTOTAL of Unitemized Independent Expenditure	es			· • [7 1 4
(0	c) TOTAL Independent Expenditures				• [
W	Inder penalty of perjury I certify that the independent rith, or at the request or suggestion of, any candidate arty committee) any political party committee or its ag	or authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	M M M	/ 21	/ Y Y Y Y Y Y 2014
	Signature		_				

Schedule E)		1101.20		PAGE 14 OF 52 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
				- M / D D / Y - Y - Y
Check if 24-hour report 48-hour report	New rep	oort Amends repo	ort filed on	
Full Name of Payee Susan K Hamby				of Public Distribution/Dissemination
Mailing Address 202 Violet St				11 19 / 2014
J. J. ZOZ VIOIGI GI			Amou	nt
City	State	Zip Code		0.45
West Monroe	LA	71292		action ID : 9fbcea36-8908-4f1f-8 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		11 19 / 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Mary L Landrieu		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		290687.03	Disbursemen 2014 O	t For: Primary X General
Full Name of Payee	_			of Public Distribution/Dissemination
Jeanne Tribou				-M / D D / Y Y Y Y
Mailing Address 22369 Ponderosa Dr			<u> </u>	11 19 2014
22369 Ponderosa Dr.			Amou	nt
City	State	Zip Code		40.00
Mandeville	LA	70471	Transa Date	ction ID: b2b57eb9-962f-400d-8 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 19 / 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		290687.03	Disbursemen 2014	t For:
(a) SUBTOTAL of Itemized Independent Expenditure	'es		•	40.45
(b) SUBTOTAL of Unitemized Independent Expend	itures			
				7 7
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	late or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	M = M /	21 2014
Signature		_ · · · · · · · · · · · ·		

Schedule E)	.XI LINDII OIILO		PAGE 15 OF 52 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		F	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report 48-hour report	New report Amend	s report filed on	M / D = D / Y = Y = Y
Full Name of Payee Jeanne Tribou		M	Public Distribution/Dissemination
Mailing Address 22369 Ponderosa Dr.		Amount	
City Sta	ate Zip Code		5.70
Mandeville L	A 70471		ction ID : 123d9114-d263-446e-b Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type		11 19 7 2014
Name of Federal Candidate	Supp	port Office Sought:	House District:00
Ms. Mary L Landrieu	Х Орр		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	290687.03	Disbursement 2014 Oth	For: Primary General ner (specify) ▶
Full Name of Payee		Date of	Public Distribution/Dissemination
Amanda Boley			11 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address Split Oak Drive		Amoun	
'	ate Zip Code IC 28227		81.50 tion ID: 98afe913-8017-4ba1-8 Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type	004 M	1 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Sup	port Office Sought:	House District: 00
Ms. Mary L Landrieu	∑ Орр		nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	290687.03	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			87.20
(b) SUBTOTAL of Unitemized Independent Expenditures		>	
(c) TOTAL Independent Expenditures			7 7 7
Under penalty of perjury I certify that the independent end with, or at the request or suggestion of, any candidate of party committee) any political party committee or its ager	r authorized committee or a		
Ms. Emily Buchanan	[Electronically Filed]	Date 11	21 2014
Signature			

Schedule E)	WI EXI END	TIONES		PAGE 16 OF 52 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			FEC	DENTIFICATION NUMBER ▼	
Women Speak Out PAC	vomen Speak Out PAC				
Check if 24-hour report 48-hour report	X New rep	port Amends repo	rt filed on	/ D = D / Y = Y = Y	
Full Name of Payee			Date of Pu	ublic Distribution/Dissemination	
Amanda Boley			M - M	19 / 2014	
Mailing Address Split Oak Drive			Amount		
City	State	Zip Code		23.61	
charlotte	NC	28227		on ID : 1fb7e4ab-76f9-4156-8 sbursement or Obligation	
Purpose of Expenditure Mileage		Category/ Type 002	M 11	19 2014	
Name of Federal Candidate		Support	Office Sought:	House District:00	
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought	, , ,	290687.03	Disbursement For 2014 Other	r: Primary X General (specify) ▶	
Full Name of Payee			Date of Pu	ublic Distribution/Dissemination	
Gregory Green			11	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 2506 Bolch Street			Amount		
City	State	Zip Code		40.00	
Shreveport	LA	71104		n ID : e84da8b8-8e90-4054-9 sbursement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001	11	19 / 2014	
Name of Federal Candidate		Support	Office Sought:	House District: 00	
Ms. Mary L Landrieu		Oppose	President	Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought	7 7	290687.03	Disbursement For 2014 Other	r: Primary X General (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			63.61	
, ,				7 7	
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		·	7 1 7 1 7	
(c) TOTAL Independent Expenditures				7 7	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candic party committee) any political party committee or it	date or authorized				
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	M M / D		

Schedule E)	NI EXPEND	JITUNES	PAGE 17 OF 52 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼		
Women Speak Out PAC	vomen Speak Out PAC				
Check if 24-hour report 48-hour report	New re	port Amends repo	rt filed on		
Full Name of Payee Gregory Green			Date of Public Distribution/Dissemination		
Mailing Address 2506 Bolch Street			11 19 2014 Amount		
City	State LA	Zip Code 71104	17.10 Transaction ID : 18789041-d721-439e-8		
Shreveport	LA	71104	Date of Disbursement or Obligation		
Purpose of Expenditure Mileage		Category/ Type 002	11 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate		Support	Office Sought: House District:00		
Ms. Mary L Landrieu		X Oppose	President State: LA		
Calendar Year-To-Date Per Election for Office Sought	7	290687.03	Disbursement For: Primary X General 2014 Other (specify) ▶		
Full Name of Payee			Date of Public Distribution/Dissemination		
Sheri J Peace			11 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 9685 Paula St			Amount		
City	State	Zip Code	95.00		
Keithville	LA	71047	Transaction ID : 0f36fd53-84ea-4f34-a Date of Disbursement or Obligation		
Purpose of Expenditure Salary		Category/ Type 001	11 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate		Support	Office Sought: House District: 00		
Ms. Mary L Landrieu		X Oppose	President X Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought	7	290687.03	Disbursement For:		
(a) SUBTOTAL of Itemized Independent Expenditu	urae		112.10		
(a) SOBTOTAL OF ROMESON MADERIAL EXPONENTS			112.10		
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		>		
(c) TOTAL Independent Expenditures			•		
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	date or authorize				
Ms. Emily Buchanan	[Electro	nically Filed] Date	11 / 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Signature					

Schedule E)	INT EXILID	TOTIES		PAGE 18 OF 52 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Sheri J Peace			11 /	19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 9685 Paula St			Amount	
City	State	Zip Code		16.80
Keithville	LA	71047		D: 270cf308-d310-4b16-b rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 /	19 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President >	<u> </u>
Calendar Year-To-Date Per Election for Office Sought		290687.03	Disbursement For: 2014 Other (spe	Primary X General ecify) ▶
Full Name of Payee			Date of Public	Distribution/Dissemination
Beau Autin			11	19 / 2014
Mailing Address 345 Auroura Ave			Amount	
City	State	Zip Code		35.00
Metairie	LA	70006		: b007ffe1-6fd9-41b2-9 rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 /	19 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		290687.03	Disbursement For: 2014 Other (sp	Primary X General
(a) SUBTOTAL of Itemized Independent Expendit	ures			51.80
(,)			7	4
(b) SUBTOTAL of Unitemized Independent Expen	ditures)	
(c) TOTAL Independent Expenditures			·	
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any candi party committee) any political party committee or i	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 21	2014
3.9				

Schedule E)	11 =/(= (= (= (= (= (= (= (= (= (1101120		PAGE 19 OF 52 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	= M / D = D / Y = Y = Y
Full Name of Payee	<u></u>		Date of	of Public Distribution/Dissemination
Beau Autin			M	11 19 / 2014
Mailing Address 345 Auroura Ave			Amou	nt
City	State	Zip Code		1.11
Metairie	LA	70006		action ID : 40c361d0-4d19-4ab3-b of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		11 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	, ,	290687.03	Disbursement 2014 Or	t For: Primary X General
Full Name of Payee Alice K Salazar			Date of	of Public Distribution/Dissemination
Alice K Salazai			IM	11 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 605 W Houston St			Amou	nt
City	State	Zip Code		80.00
Marshall	TX	75633		ction ID : c59f4a75-641c-4bdb-9 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Mary L Landrieu		Oppose	Preside	ent State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	290687.03	Disbursemen 2014 O	t For: Primary
(a) SUBTOTAL of Itemized Independent Expenditu	ires			81.11
			-	7 7 7
(b) SUBTOTAL of Unitemized Independent Expend	litures		·· •	7 7
(c) TOTAL Independent Expenditures				7 1 7 1 7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	date or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	M M M /	21 2014
Signature		_ · · · · · · · · · · ·		

Schedule E)	VI EXI EIVE	ITOTILO		PAGE 20 OF 52 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Alice K Salazar			Date of Public	Distribution/Dissemination
Mailing Address 605 W Houston St			11	19 / 2014
			Amount	
City	State	Zip Code		50.40
Marshall	TX	75633		D: 562be618-689d-4235-8 rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 /	19 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , , , ,	290687.03	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Julia Perry			M M /	19 / 2014
Mailing Address 2046 Perrin St Apt C			Amount	
City	State	Zip Code		80.00
Shreveport	LA	71101		: b9b51457-7230-46b3-8 rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 /	19 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	290687.03	Disbursement For: 2014 Other (sp	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditu	res			130.40
(b) SUPTOTAL of Uniterprized Independent Expand	ituroo			
(b) SUBTOTAL of Unitemized Independent Expend	itures		•	45
(c) TOTAL Independent Expenditures)	1 4 1 4 1
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 / 21	2014
- 9				

Schedule E)	INT EXILIND	ITOTILO		PAGE 21 OF 52 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼	
Women Speak Out PAC	vomen Speak Out PAC				
Check if 24-hour report 48-hour report	New rep	ort Amends repo		= M / D = D / Y = Y = Y	
Full Name of Payee			Date	of Public Distribution/Dissemination	
Julia Perry				11 19 / 2014	
Mailing Address 2046 Perrin St Apt C			Amou	nt	
City	State	Zip Code	— [F	7.50	
Shreveport	LA	71101		action ID : a8885d64-6917-455d-9 of Disbursement or Obligation	
Purpose of Expenditure Mileage		Category/ Type 002		11 19 / 2014	
Name of Federal Candidate		Support	Office Sough	it: House District: 00	
Ms. Mary L Landrieu		X Oppose	Preside		
Calendar Year-To-Date Per Election for Office Sought		290687.03	Disbursemen 2014 O	ther (specify) ▶	
Full Name of Payee			Date	of Public Distribution/Dissemination	
Jessica R Resendiz				11 19 2014	
Mailing Address 9685 Paula St			Amou	int	
City	State	Zip Code	<u> —</u> Г.	100.00	
Keithville	LA	71047		action ID: c38de1d4-a481-44c5-b of Disbursement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001		11 19 / 2014	
Name of Federal Candidate		Support	Office Sough	nt: House District: 00	
Ms. Mary L Landrieu		Oppose	Presid		
Calendar Year-To-Date Per Election for Office Sought	7	290687.03	Disbursemer 2014	nt For: Primary	
(a) SUBTOTAL of Itemized Independent Expendit	ures			107.50	
				7 7	
(b) SUBTOTAL of Unitemized Independent Exper	ditures		•	7 1 7 1 7	
(c) TOTAL Independent Expenditures			•	171171171	
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or in	idate or authorized				
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	111	21 / 2014	
- 3					

Schedule E)	DENT EXTEND	TOTILO	⊢	PAGE 22 OF 52 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDI	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	000530766
Check if 24-hour report 48-hour report	t New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Jessica R Resendiz			M = M /	Distribution/Dissemination
Mailing Address 9685 Paula St			Amount	19 2014
City	State	Zip Code		26.10
Keithville	LA	71047		D: aa138cf9-bce1-4de9-a
Purpose of Expenditure Mileage		Category/ Type 002	11 /	19 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	2	290687.03	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Ana L Esquivel			11 /	19 / 2014
Mailing Address 284 Cr 1401			Amount	
City	State	Zip Code		60.00
Carthage	TX	75633		: d1439af9-3af3-42f9-8 rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 /	19 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		290687.03	Disbursement For: 2014 Other (spe	Primary X General
(a) SUBTOTAL of Itemized Independent Expe	nditures			86.10
(b) SUBTOTAL of Unitemized Independent Ex	penditures			
			7	4 4
(c) TOTAL Independent Expenditures			>	7
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any committee) any political party committee	andidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 21	2014
5.g. (a.a.)				

Schedule E)	ENDERT EXILERD	TOTILO		PAGE 23 OF 52 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour	report New repo	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Hilary Townsend				blic Distribution/Dissemination
Mailing Address 4506 US Hwy 79 North			11	19 / 2014
,			Amount	
City		Zip Code		60.00
Deberry	TX	75639		on ID: 9d9b85e3-ce40-4a54-8 sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 11	19 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	2	90687.03	Disbursement For 2014 Other	: Primary X General (specify) ▶
Full Name of Payee				ublic Distribution/Dissemination
Heather Ainsworth			M M M	19 2014
Mailing Address 9685 Paula St				10 2014
			Amount	
City	State	Zip Code		110.00
Keithville 	LA	71047	Transaction Date of Di	n ID: 394d6fd7-c309-4558-b sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	19 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		290687.03	Disbursement For 2014 Other	r: Primary X General (specify) ▶
, <u>-</u>				
(a) SUBTOTAL of Itemized Independent	Expenditures		· >	170.00
(b) SUBTOTAL of Unitemized Independent	ent Expenditures		•	7
(c) TOTAL Independent Expenditures			•	7 . 7
Under penalty of perjury I certify that th with, or at the request or suggestion of, party committee) any political party committee	any candidate or authorized			
Ms. Emily Buchanan	[Electroni	<i>[cally Filed]</i> Date	11 2	1 2014
Signature				

Schedule E)	2.1.0.1.20	PAGE 24 OF 52 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report New re	report Amends report fil	iled on Man / Dad / Yayayay
Full Name of Payee Heather Ainsworth		Date of Public Distribution/Dissemination
Mailing Address 9685 Paula St		11 19 / 2014
		Amount
City State Keithville LA	Zip Code 71047	49.80 Transaction ID: 618762ab-442f-4288-b
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation
Name of Federal Candidate	Support Of	ffice Sought: House District: 00
Ms. Mary L Landrieu	Oppose [President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		isbursement For: Primary X General Other (specify) ▶
Full Name of Payee Taylor De Julian-Hernandez Mailing Address 284 Cr 1401		Date of Public Distribution/Dissemination 11 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 284 Cr 1401		Amount
City State	Zip Code	60.00
Carthage TX	75633	Transaction ID : 73ed2f8f-747f-40be-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	11 19 / 2014
Name of Federal Candidate	Support Of	ffice Sought: House District: 00
Ms. Mary L Landrieu	Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		isbursement For: ☐ Primary ☐ General 014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		109.80
(b) SUBTOTAL of Unitemized Independent Expenditures		
	-	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditur with, or at the request or suggestion of, any candidate or authoriz party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electr	ronically Filed] Date	11 21 2014
Signature		

		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
VV	omen Speak Out PAC	C C00530766
Che	ck if X 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
Т	Full Name of Payee	Date of Public Distribution/Dissemination
	Taylor De Julian-Hernandez	11 19 2014
	Mailing Address 284 Cr 1401	Amount
ŀ	City State Zip Code	43.80
	Carthage TX 75633	Transaction ID: 878cf3ab-883f-4c63-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	11 19 / 2014
┢	Name of Federal Candidate Support Office	Sought: House District:00
	Ms Mary Llandriau	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement For:
ľ	Full Name of Payee Lesley Lennox	Date of Public Distribution/Dissemination
-	Mailing Address 2305 Cleary Ave	11 19 2014 Amount
ŀ	City State Zip Code	20.00
	Metairie LA 70001	Transaction ID: 1b5e6121-4878-40ec-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	11 19 / 2014
ľ	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President State: LA State:
	Calendar Year-To-Date Per Election for Office Sought Disbu 290687.03	rsement For: Primary
(8	a) SUBTOTAL of Itemized Independent Expenditures	63.80
(I	b) SUBTOTAL of Unitemized Independent Expenditures	4 4 4
(0	c) TOTAL Independent Expenditures	
W	inder penalty of perjury I certify that the independent expenditures reported herein were not ma ith, or at the request or suggestion of, any candidate or authorized committee or agent of either, arty committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date Signature	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Jigilatule	

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Schedule E)	INI EXI END	ITOTILO		PAGE 26 OF 52 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D D / Y Y Y Y Y
Full Name of Payee			Date of Publ	ic Distribution/Dissemination
Lesley Lennox			11 11	19 / 2014
Mailing Address 2305 Cleary Ave			Amount	
City	State	Zip Code		1.20
Metairie	LA	70001		ID: ec41b26f-f85a-4864-a ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11	19 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		290687.03	Disbursement For: 2014 Other (s	Primary
Full Name of Payee			Date of Publ	ic Distribution/Dissemination
Gary W Fuhrmann			M = M 11	19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 9425 Jessica Drive			Amount	
City	State	Zip Code		47.50
Shreveport	LA	71106		D: d5c66a2f-f1c2-45ec-9 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	19 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	- T - T - T	290687.03	Disbursement For: 2014 Other (s	Primary X General pecify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ıres			48.70
				7 7
(b) SUBTOTAL of Unitemized Independent Expen	ditures		· •	42
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 / 21	2014
- 3				

							FOR SE OF	FORM 24/48
NAME OF COMMITTEE						FEC I	IDENTIFICATION	ON NUMBER ▼
Women Speak	Out PAC					С	C00530766	
Check if 24-hour r	eport 48-hour report	New repo	ort Am	nends repo	rt filed on	M = M	/ D D /	Y = Y = Y
Full Name of Payer Gary W Fuhr	mann				Date	of Publ	lic Distribution/	Dissemination
						M M M	19	2014
Mailing Address ₉₂	25 Jessica Drive				Amo	ount		
City		State	Zip Code					9.60
Shreveport		LA	71106				ID: b972a626 oursement or C	
Purpose of Expend Mileage	iture		Category/ Type	002		11	19	2014
Name of Federal C	andidate			Support	Office Sou	ght:	House	District:00
Ms. Mary L Landrie	u		\mathbf{X}	Oppose	Presi	dent	X Senate	State:LA
Calendar Year- Per Election fo	To-Date or Office Sought	2	90687.03		Disburseme 2014		Primary specify) ▶	X General
Full Name of Payer Laura U Logie Mailing Address							lic Distribution/	/Dissemination
	2303 Shire Chicle				Amo	ount		
City		State	Zip Code				,,	35.00
Harrisonburg		VA	22801				ID: ed77a3aa- oursement or C	
Purpose of Expend Salary	iture		Category/ Type	001		11	19	2014
Name of Federal C	andidate			Support	Office Sou	ght:	House	District:00
Ms. Mary L Landrie	u		X	Oppose	Pres	ident	X Senate	State: LA
Calendar Year Per Election fo	To-Date or Office Sought	7	290687.0	3	Disburseme 2014		Primary specify) ▶	
(a) SUBTOTAL of It	emized Independent Expenditure	əs			• [44.60
(b) SUBTOTAL of U	Initemized Independent Expendit	tures			•		7	
(c) TOTAL Independ	lent Expenditures				•			
with, or at the reque	rjury I certify that the independent st or suggestion of, any candidate political party committee or its	ate or authorized						
Ms. Emu	ly Buchanan	[Electroni	cally Filed]	Date	11	21	201	
oignature								

PAGE

OF

Schedule E)	NOCINI EXI ENDI	TOTILO	—	AGE 28 OF 52 OR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			FEC IDEN	ITIFICATION NUMBER ▼		
Women Speak Out PAC	vomen Speak Out PAC					
Check if 🔀 24-hour report 🗌 48-hour rep	port New repo	ort Amends repo	t filed on	D = D / Y = Y = Y		
Full Name of Payee			Date of Public D	istribution/Dissemination		
Donavon Fusilier			M M /	19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 155 Chauffpied Elmer Rd	_ot 19		Amount			
City	State	Zip Code		25.00		
Marksville	LA	71351		c207162c-5d25-4a1d-a ement or Obligation		
Purpose of Expenditure Salary		Category/ Type 001	11 /	19 / 2014		
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought	2	90687.03	Disbursement For: 2014 Other (speci	Primary		
Full Name of Payee			Date of Public D	Distribution/Dissemination		
Donavon Fusilier			M = M /	19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 155 Chauffpied Elmer R	d Lot 19		Amount			
City	State	Zip Code		8.43		
Marksville	LA	71351		e10ad50a-534c-4dc5-8 ement or Obligation		
Purpose of Expenditure Mileage		Category/ Type 002	11 /	19 / 2014		
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		290687.03	Disbursement For: 2014 Other (spec	Primary X General		
(a) SUBTOTAL of Itemized Independent Ex	penditures		,	33.43		
				7		
(b) SUBTOTAL of Unitemized Independent	Expenditures)			
(c) TOTAL Independent Expenditures			•	49. 1 . 45.		
Under penalty of perjury I certify that the ir with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized					
Ms. Emily Buchanan Signature	[Electroni	ically Filed] Date	11 21 1	2014		
- 3						

Schedule E)	EXI END	TOTILO		PAGE 29 OF 52 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	X New rep	ort Amends	report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee Christopher L Gilbert				Date of Public Distribution/Dissemination
Mailing Address 55 Lovell Johnson Rd				11 19 2014 Amount
City	State	Zip Code		80.00
Picayune	MS	39466		Transaction ID : 0fe95509-9b07-4698-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type	001	11 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Suppo	ort Office	e Sought: House District: 00
Ms. Mary L Landrieu		X Oppos		President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	2	290687.03	Disbu 2014	ursement For:
Full Name of Payee				Date of Public Distribution/Dissemination
Christopher L Gilbert				11 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 55 Lovell Johnson Rd				Amount
City	Otata	7:- Cada		11.10
City :	State MS	Zip Code 39466		44.40 Transaction ID: e0935820-8366-4d6c-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type	002	11 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Suppo	ort Offic	e Sought: House District: 00
Ms. Mary L Landrieu		X Oppos		President State: LA
Calendar Year-To-Date Per Election for Office Sought	,	290687.03	Disbi 2014	ursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures.			······ >	124.40
(b) SUBTOTAL of Unitemized Independent Expenditure	es			
			,	4 4
(c) TOTAL Independent Expenditures			······ >	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized			
Ms. Emily Buchanan	[Electron	ically Filed]		1 21 2014
Signature				

Schedule E)	L /(L (1)	1101.20		PAGE 30 OF 52 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y T Y T Y
Full Name of Payee Felicia A Jones			M	Public Distribution/Dissemination
Mailing Address 4106 Martha St			Amoun	11 19 2014 t
City	State	Zip Code		80.00
Shreveport	LA	71109		ction ID : f122f11c-b704-475c-b Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	М	11 19 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	Presider	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	2	290687.03	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
Full Name of Payee Felicia A Jones			M	f Public Distribution/Dissemination
Mailing Address 4106 Martha St			Amoun	11 19 2014 t
City	State	Zip Code		11.10
Shreveport	LA	71109	Transac Date of	ction ID: ac257667-c0ae-4b86-9 f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		11 19 2014
Name of Federal Candidate		Support	Office Sought	House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		290687.03	Disbursement 2014 Otl	For:
(a) SUBTOTAL of Itemized Independent Expenditures	3			91.10
(b) SUBTOTAL of Unitemized Independent Expenditu	ires		•	4 4
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized			
Ms. Emily Buchanan	[Electron	cically Filed] Date	11 /	21 2014
Signature		_		

Schedule E)	THE OTT OF INDEFER	DEITI EXI EITD			PAGE 31 OF 52 FOR SE OF FORM 24/48
	MITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Sp	eak Out PAC				C C00530766
Check if X 24	-hour report 48-hour repo	rt New rep	ort Amends repo	ort filed on	M / D D / Y B Y B Y B Y
Full Name of Tammay	f Payee / Williams				of Public Distribution/Dissemination
Mailing Addr	ess 924 N. Prieur St			Amou	11 19 2014 nt
City		State	Zip Code	— r	80.00
New Orlean	S	LA	70116		action ID : ba4be977-1dcd-4fbb-9 of Disbursement or Obligation
Purpose of E Salary	Expenditure		Category/ Type 001		11 19 / 2014
Name of Fed	deral Candidate		Support	Office Sough	t: House District: 00
Ms. Mary L I	_andrieu		X Oppose	Preside	
	ar Year-To-Date ction for Office Sought	2	290687.03	Disbursemen 2014 O	t For: Primary X General
Full Name on Tammay Mailing Addr	Williams				of Public Distribution/Dissemination 11
City		Ctata	Zin Codo		45.00
City New Orlean	s	State LA	Zip Code 70116		15.00 ction ID: 838f5939-0487-43ba-9 of Disbursement or Obligation
Purpose of I Mileage	Expenditure		Category/ Type 002		11 19 2014
Name of Fe	deral Candidate		Support	Office Sough	t: House District: 00
Ms. Mary L I	_andrieu		X Oppose	Preside	
	ar Year-To-Date ction for Office Sought		290687.03	Disbursemen 2014	t For:
(a) SUBTOTA	L of Itemized Independent Expe	enditures		•	95.00
(b) SUBTOTA	L of Unitemized Independent E.	xpenditures		· •	
(c) TOTAL In	dependent Expenditures			•	7 1 7 1 7
with, or at the		candidate or authorized			ooperation, consultation, or concert the reporting entity is not a political
	Ms. Emily Buchanan	[Electron	ically Filed] Date	11	21 2014
Signature					

		FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
VVC	omen Speak Out PAC	C C00530766
Chec	ck if 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Antoinette Franklin	11 19 2014
N	Mailing Address 8822 Apple St	Amount
	City State Zip Code	60.00
ı	New Orleans LA 70188	Transaction ID: 4216b134-1bcd-42f9-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	11 19 / 2014
1	Name of Federal Candidate Support Office	Sought: House District:00
ı	Ms. Mary I Landriau	President State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	sement For:
	Full Name of Payee Antoinette Franklin	Date of Public Distribution/Dissemination
	Mailing Address 8822 Apple St	Amount
(City State Zip Code	12.00
	New Orleans LA 70188	Transaction ID: 8959188d-a144-45be-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	11 19 / 2014
П	Name of Federal Candidate Support Office	Sought: House District:00
	Ms. Mary L Landrieu Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbu 290687.03	rsement For: Primary X General Other (specify) ▶
(а) SUBTOTAL of Itemized Independent Expenditures	72.00
(b	SUBTOTAL of Unitemized Independent Expenditures	4 4 4
(с) TOTAL Independent Expenditures	
wi	nder penalty of perjury I certify that the independent expenditures reported herein were not math, or at the request or suggestion of, any candidate or authorized committee or agent of either, arty committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date Signature	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Oignaturo ————————————————————————————————————	

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OF

Schedule E)	. 0.11 0. 11.02. 2.	IDENT EXTEND			PAGE 33 OF 52 FOR SE OF FORM 24/48
NAME OF COMMITT					FEC IDENTIFICATION NUMBER ▼
Women Speak	Out PAC				C C00530766
Check if X 24-hour	report 48-hour repo	ort New rep	ort Amends repo	ort filed on	= M / D = D / Y = Y = Y
Full Name of Pay Antoinette F					of Public Distribution/Dissemination
Mailing Address				— L	11 19 / 2014
				Amou	nt
City		State	Zip Code		60.00
New Orleans		LA	70188		action ID: bd0b2b5f-4866-496c-8 of Disbursement or Obligation
Purpose of Exper Salary	nditure		Category/ Type 001	M	11 19 / 2014
Name of Federal	Candidate		Support	Office Sough	t: House District: 00
Ms. Mary L Landr	ieu		X Oppose	Preside	
Calendar Yea Per Election	ar-To-Date for Office Sought	2	290687.03	Disbursemen 2014 O	t For: Primary X General
Full Name of Pay					of Public Distribution/Dissemination
Antoinette F	ranklin			N.	11 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address	8822 Apple St				
				Amou	nt
City		State	Zip Code	TL:	12.00
New Orleans		LA	70188	Transa Date	ction ID: e854d49f-1bac-42bf-b of Disbursement or Obligation
Purpose of Exper Mileage	nditure		Category/ Type 002		11 19 / 2014
Name of Federal	Candidate		Support	Office Sough	t: House District: 00
Ms. Mary L Landr	ieu		X Oppose	Preside	ent X Senate State: LA
Calendar Yea Per Election	ar-To-Date for Office Sought		290687.03	Disbursemen 2014	t For: Primary
(a) SUBTOTAL of	Itemized Independent Exp	enditures		· •	72.00
(b) SUBTOTAL of	Unitemized Independent E	Expenditures		•	7 7 7
(c) TOTAL Indepe	ndent Expenditures			· •	7 1 7 1 7
with, or at the requ		candidate or authorized			cooperation, consultation, or concert the reporting entity is not a political
	nily Buchanan	[Electron	ically Filed] Date	M M /	21 2014
Signature					

Schedule E)		101120		PAGE 34 OF 52 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour	report New repo	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Cynthia N Schmit				blic Distribution/Dissemination
Mailing Address 2226 Taft Circle Apt 1			11	19 / 2014
			Amount	
City		Zip Code		30.00
Winchester	VA	22601		n ID: c7b4691a-e052-45a6-9 bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	19 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	2	90687.03	Disbursement For: 2014 Other (Primary
Full Name of Payee				blic Distribution/Dissemination
Zachary Vidrine			M - M	19 2014
Mailing Address 202 Rue Des Cajun				13 2014
			Amount	
City	State	Zip Code		30.00
Ville Platte	LA	70586	Transaction Date of Dis	ID: 6c8f7265-1930-4a4c-8 sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	19 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		290687.03	Disbursement For 2014 Other	: Primary
-				
(a) SUBTOTAL of Itemized Independent	Expenditures		>	60.00
(b) SUBTOTAL of Unitemized Independent	ent Expenditures		• •	7 1 7 1 7
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the with, or at the request or suggestion of, party committee) any political party comm	any candidate or authorized			
Ms. Emily Buchanan	[Electroni	ically Filed] Date		2014
Signature				

Schedule E)	I EXI END			PAGE 35 OF 52 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y B Y B Y
Full Name of Payee Zachary Vidrine				f Public Distribution/Dissemination
Mailing Address 202 Rue Des Cajun				11 19 2014
			,oa.	
City Ville Platte	State LA	Zip Code 70586		17.10 action ID : 5a30d74a-e00e-4ccd-b
Purpose of Expenditure Mileage		Category/ Type 002	М	f Disbursement or Obligation
Name of Federal Candidate		Support	Office Sought	: House District:00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	2	290687.03	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
Full Name of Payee Joshua J Huffman				of Public Distribution/Dissemination
Mailing Address 211 Dixie Ave			Amour	11 19 2014
City	State	Zip Code		55.00
Harrisonburg	VA	22801		ction ID : 3c275085-f806-47ba-b of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 19 / 2014
Name of Federal Candidate		Support	Office Sought	t: House District:00
Ms. Mary L Landrieu		X Oppose	Preside	ent Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, ,	290687.03	Disbursement 2014 Of	t For: Primary General ther (specify)
(a) SUBTOTAL of Itemized Independent Expenditure	es			72.10
(b) SUBTOTAL of Unitemized Independent Expendi	tures		. —	
, ,				4
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	M = M /	21 2014
Signature				

Schedule E)		PAGE 36 OF 52 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report	New report Amends report file	ed on M M / D D / Y Y Y Y Y Y
Full Name of Payee		Date of Public Distribution/Dissemination
Stephanie L Heun		11 19 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 8026 S Wilwood Dr Apt 101		Amount
City State	Zip Code	10.00
Oak Creek WI	53154	Transaction ID : 56d7167a-463d-46ca-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	11 19 2014
Name of Federal Candidate	Support Offi	ce Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	290687.03 Dis 201	bursement For: Primary General Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Jennifer F Gilbert		11 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 180 McNeil Steep Hollow Rd		Amount
City State	Zip Code	67.50
Carriere MS	39426	Transaction ID : 7e59fc97-f9ea-4a89-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	M 11 / 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Off	ice Sought: House District:00
Ms. Mary L Landrieu	X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	290687.03 Dis 20°	bursement For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		77.50
(b) SUBTOTAL of Unitemized Independent Expenditures)	4 4
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent experience with, or at the request or suggestion of, any candidate or at party committee) any political party committee or its agent.		
Ms. Emily Buchanan Signature	Electronically Filed] Date	11 21 2014

Schedule E)	LIVI EXI END	TIONES	<u> </u>	PAGE 37 OF 52 OR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			C co	00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Jennifer F Gilbert			M = M /	Distribution/Dissemination
Mailing Address 180 McNeil Steep Hollow Rd			Amount	19 2014
City	State	Zin Codo		41.40
Carriere	MS	Zip Code 39426		: aeb04024-3876-4c4c-9 ement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M - M /	19 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	.,,	290687.03	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee			Date of Public I	Distribution/Dissemination
Hannah J Landry			11 /	19 / 2014
Mailing Address 1110 N Coolidge			Amount	
City	State	Zip Code		70.00
Gonzales	LA	70737		a157c676-151e-4250-a ement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 /	19 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 1 7	290687.03	Disbursement For: 2014 Other (spec	Primary X General
(a) SUBTOTAL of Itemized Independent Expendent	litures			111.40
(b) SUBTOTAL of Unitemized Independent Expe	enditures			
				7 7
(c) TOTAL Independent Expenditures			>	7
Under penalty of perjury I certify that the indeposition of, any can party committee) any political party committee or	didate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 / 21	2014
5.g.iataro				

Sched	lule E)	I EXI END				PAGE 38 OF 52 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC ID	DENTIFICATION NUMBER ▼
Wom	nen Speak Out PAC					C00530766
Check if	f 🔀 24-hour report 🔲 48-hour report	New repo	ort Amends	s report file	ed on/	D = D / Y = Y = Y
Full	Name of Payee				Date of Public	c Distribution/Dissemination
Ha	annah J Landry					19 2014
Maii	ling Address 1110 N Coolidge				Amount	
City		State	Zip Code			21.09
	nzales	LA	70737			ID: 5de2c40e-3e08-4a77-a ursement or Obligation
	pose of Expenditure eage		Category/ Type	002	11	19 / 2014
Nan	ne of Federal Candidate		Supp	ort Offi	ice Sought:	House District: 00
Ms.	. Mary L Landrieu		X Oppo			Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	, , , 2	290687.03	Dis 201	bursement For: 4 Other (sp	Primary
	Name of Payee				Date of Publi	c Distribution/Dissemination
M	ary C Lee				M = M	/ D D / Y Y Y Y Y
Mai	ling Address 1030 N Coolidge Ave					19 2014
	1030 N Coolinge Ave				Amount	
City	1	State	Zip Code		T L	70.00
	onzales	LA	70737		Transaction II Date of Disbu	D: c6f4cf20-6e4f-4ccd-8 ursement or Obligation
	pose of Expenditure lary		Category/ Type	001	11 M	19 / 2014
Nar	me of Federal Candidate		Supp	oort Off	ice Sought:	House District: 00
Ms	. Mary L Landrieu		Х Орро	ose	President	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	7	290687.03	Dis 20	sbursement For: 14 Other (sp	Primary X General
(a) S	SUBTOTAL of Itemized Independent Expenditure	:S			7	91.09
(b) S	SUBTOTAL of Unitemized Independent Expenditu	ures		······		42
(c) T	TOTAL Independent Expenditures			······	7	7
with,	or penalty of perjury I certify that the independe or at the request or suggestion of, any candida committee) any political party committee or its	te or authorized				
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	11 21	/ Y Y Y Y Y 2014
Si	ignature		_	-		

Schedule E)	I EXI END	TOTILO		PAGE 39 OF 52 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y = Y
Full Name of Payee			Date of Pul	blic Distribution/Dissemination
Mary C Lee			11	19 / 2014
Mailing Address 1030 N Coolidge Ave			Amount	
City	State	Zip Code		21.09
Gonzales	LA	70737		n ID: c170c421-928e-40d4-b sbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11	19 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , , , 2	290687.03	Disbursement For 2014 Other (: Primary X General
Full Name of Payee			Date of Pu	blic Distribution/Dissemination
Theresa a Youngblood			M M	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 102 S Main Street Apt A2			Amount	سندا لنا ا
City	State	Zip Code		35.00
Berryville	VA	22611		ID: 10dbc516-2281-48d8-b sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 11	19 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	290687.03	Disbursement For 2014 Other	:
(a) SUBTOTAL of Itemized Independent Expenditure	es			56.09
				7 7
(b) SUBTOTAL of Unitemized Independent Expendit	ures		•	7 7 7
(c) TOTAL Independent Expenditures			·	7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 21	
3				

Scl	hedule E)			PAGE 40 OF 52 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)		FEC II	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC		С	C00530766
OI			M M /	/ D D / Y D Y D Y
_	ck if 24-hour report 48-hour report New re	port Amends repo	rt filed on	
	Full Name of Payee Evelyn Lesaicherre		Date of Public	c Distribution/Dissemination
	Mailing Address 629 Radiance Ave		Amount	
ŀ	City State	Zip Code		80.00
	Metairie LA	70001		ID: 03f1cad7-95d1-4e43-8 ursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11	19 / 2014
ı	Name of Federal Candidate	Support	Office Sought:	House District: 00
	Ms. Mary L Landrieu	X Oppose	President	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	290687.03	Disbursement For: 2014 Other (sp	Primary
Γ	Full Name of Payee		Date of Publi	c Distribution/Dissemination
١	Evelyn Lesaicherre		M M M	19 2014
ľ	Mailing Address 629 Radiance Ave			
١			Amount	
ľ	City State	Zip Code		3.60
	Metairie LA	70001	Transaction II Date of Disbu	D: 7ad054a1-fbc5-4431-a ursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	11	19 / 2014
	Name of Federal Candidate	Support	Office Sought:	House District:00
	Ms. Mary L Landrieu	Oppose	President	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	290687.03	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		•	83.60
(b) SUBTOTAL of Unitemized Independent Expenditures		•	7 1 4
(c) TOTAL Independent Expenditures		•	
W	Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize arty committee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electro	onically Filed] Date	M M / D D D 11 21	/ Y Y Y Y Y 2014
	Signature			

Schedule E)		TONES		PAGE 41 OF 52 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			ı	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo		M / D = D / Y = Y = Y
Full Name of Payee			Date of	Public Distribution/Dissemination
Brogan A Benoit				11 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7144 South River Rd			Amoun	t
City	State	Zip Code		60.00
Addis	LA	70710		ction ID: 17ed1cad-8a3e-4fb1-8 f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M	11 19 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought	2	290687.03	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
Full Name of Payee			Date o	f Public Distribution/Dissemination
Brogan A Benoit				11 19 2014
Mailing Address 7144 South River Rd			Amoun	t
City	State	Zip Code	-	6.30
Addis	LA	70710		tion ID: 812c6e23-067d-48e9-9 f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		11 19 / 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Mary L Landrieu		Oppose	Preside	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	290687.03	Disbursement 2014 Ott	For: Primary X General her (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	es			66.30
				7 7
(b) SUBTOTAL of Unitemized Independent Expend	tures		•	7
(c) TOTAL Independent Expenditures			· •	7 7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 /	21 2014
-				

Schedule E)	I EXI END	TOTILO		PAGE 42 OF 52 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Michael Vidrine			Date of Public	c Distribution/Dissemination
Mailing Address 1103 West Wilson Street			Amount	19 2014
011	0	7: 0 !		75.00
City Ville Platte	State LA	Zip Code 70586		75.00 ID: 3279104b-d3ae-449a-8 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 11	19 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		90687.03	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee Michael Vidrine			M = M	c Distribution/Dissemination
Mailing Address 1103 West Wilson Street			Amount	19 2014
City	State	Zip Code		22.20
Ville Platte	LA	70586		D: e6aa84f9-1aaa-496b-b ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 M	19 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Noppose Noppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	290687.03	Disbursement For: 2014 Other (sp	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditure	es		·	97.20
(b) SUBTOTAL of Unitemized Independent Expendit	ures		·	
(c) TOTAL Independent Expenditures			>	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 / 21	2014
Signature				

Schedule E)	IVI EXI END	TI OILEO		PAGE 43 OF 52 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Carl Brent			M = M	lic Distribution/Dissemination
Mailing Address 6718 Lake Willow Dr			Amount	19 2014
City	State	Zip Code		80.00
New Orleans	LA	70126		ID: 6b4f4f6e-b73e-411d-8 oursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 11	19 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		290687.03	Disbursement For: 2014 Other (s	Primary X General Specify) ▶
Full Name of Payee			Date of Pub	olic Distribution/Dissemination
Carl Brent			M = M 11	19 2014
Mailing Address 6718 Lake Willow Dr			Amount	
City	State	Zip Code		12.60
New Orleans	LA	70126		ID: 8aed296e-206b-4fe9-a bursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11	19 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		290687.03	Disbursement For: 2014 Other (Primary X General
(a) SUBTOTAL of Itemized Independent Expendit	ures		•	92.60
(b) SUBTOTAL of Unitemized Independent Expen	ditures		· •	
(c) TOTAL Independent Expenditures			>	4
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or i	idate or authorize			
Ms. Emily Buchanan	[Electron	nically Filed] Date	e 11 21	2014
Signature				

Schedule E)	TI EXI EITB	ITOTILO		PAGE 44 OF 52 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo		M / D D / Y N Y N Y
Full Name of Payee Christine Stevens				of Public Distribution/Dissemination
Mailing Address 100 Asbury Ct			Amou	11 19 2014
			Amou	
City	State	Zip Code		70.00
Winchester	VA	22602		action ID: 543752fd-941d-4503-b of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 19 / 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	:	290687.03	Disbursemen 2014 O	t For: Primary X General
Full Name of Payee			Date	of Public Distribution/Dissemination
Jazmine d Conner			IV	11 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 100 ASBURY CT			Amou	
City	State	Zip Code		70.00
WINCHESTER	VA	22602		ction ID: 12941d59-e7bd-4e08-a of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 19 / 2014
Name of Federal Candidate		Support	Office Sough	t: House District:00
Ms. Mary L Landrieu		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	7	290687.03	Disbursemen 2014 O	t For:
(a) SUBTOTAL of Itemized Independent Expenditu	res			140.00
			-	
(b) SUBTOTAL of Unitemized Independent Expend	itures		•	7 7
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11	21 2014
Signaturo				

				FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)	F	EC IE	DENTIFICATION	ON NUMBER ▼
۷۱	omen Speak Out PAC		С	C00530766	
Ch	eck if X 24-hour report 48-hour report New report Amends report filed	on M	M /		Y I Y I Y I Y
П	Full Name of Payee	Date of	Public	c Distribution/	Dissemination
	Jon E Conner	M 1		19	2014
	Mailing Address 100 Asbury Ct	Amount			
	City State Zip Code				70.00
	Winchester VA 22602			ID: 6c4cd450 ursement or C)-f739-44c6-9
	Purpose of Expenditure Salary Category/ Type 001	M		19	2014
	Name of Federal Candidate Support Office	Sought:		House	District:00
	Ms. Mary L Landrieu	Presiden	t	X Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 290687.03 Disbut 2014	rsement I		Primary Decify) ▶	General
	Full Name of Payee Rodney O Culbreath				/Dissemination
	•		1 M	19	2014
	Mailing Address 100 Asbury Ct	Amount			
	City State Zip Code	Γ.			70.00
	Winchester VA 22602			D: 3e7df017- ursement or 0	
	Purpose of Expenditure Salary Category/ Type 001	1	M	19 /	2014
	Name of Federal Candidate Support Office	Sought:		House	District: 00
	Ms. Mary L Landrieu Oppose	Presiden	nt [X Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 290687.03			Primary	X General
	(a) SUBTOTAL of Itemized Independent Expenditures				140.00
	(b) SUBTOTAL of Unitemized Independent Expenditures		-7		
	(c) TOTAL Independent Expenditures		-7-	1 1 7	
1	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date 1	M /	21	/ Y Y 201	4
	Signature			نـــا ١	

PAGE

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OF

Schedule E)	NI EXI END	ITORES	⊢	PAGE 46 OF 52 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Rze Culbreath			11 /	19 / 2014
Mailing Address 100 Asbury Ct			Amount	
City	State	Zip Code		70.00
Winchester	VA	22602		: 25a14d1c-b02a-4766-9 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	111	19 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought	;	290687.03	Disbursement For: [2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Christopher Marquess			M M /	19 / 2014
Mailing Address 110 W Pecan St			Amount	
City	State	Zip Code		50.00
Ville Platte	LA	70586		: c976a732-f212-4e60-8 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 /	19 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	290687.03	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			120.00
			7	7- 1- 7- 1-
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		>	
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any canding party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 21	2014

Schedule E)	EXI END					PAGE 47 OF 52 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)					FEC ID	DENTIFICATION NUMBER ▼
Women Speak Out PAC						C00530766
					U	000007.00
Check if 24-hour report 48-hour report	X New rep	ort Amen	ds repo	rt filed on	/ M /	D = D / Y = Y = Y
Full Name of Payee Christopher Marquess				Date	of Public	Distribution/Dissemination
					11 /	19 / Y Y Y Y Y
Mailing Address 110 W Pecan St				Amou	ınt	
City St	state	Zip Code		$ $ Γ		32.40
Ville Platte	LA	70586				D: 7cd8ce74-0e89-4293-a ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type	002		11	19 / 2014
Name of Federal Candidate		Sup	oport	Office Sough	nt:	House District:00
Ms. Mary L Landrieu		X Opp	pose	Presid	ent \sum	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	2	290687.03		Disbursemer 2014	nt For: Other (sp	Primary ☐ General
Full Name of Payee				Date	of Public	c Distribution/Dissemination
Cathy Longtin					11	19 / 2014
Mailing Address 827 Navavre Ave				Amou	ınt	
City	State	Zip Code		-		85.00
New Orleans	LA	70124		Transa Date	of Disbu	D: 1417964c-0938-4c11-8 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type	001		11	19 2014
Name of Federal Candidate		Sup	pport	Office Sough	nt:	House District: 00
Ms. Mary L Landrieu		X Op	pose	Presid	ent 2	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		290687.03		Disbursemer 2014		Primary X General Decify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				•		117.40
(b) SUBTOTAL of Unitemized Independent Expenditures	s			•		
(c) TOTAL Independent Expenditures				· [
Under penalty of perjury I certify that the independent of with, or at the request or suggestion of, any candidate of party committee) any political party committee or its age	or authorized					
Ms. Emily Buchanan	[Electron	ically Filed]	Date	11 /	21	2014
Signature		_				

Schedule E)	INT EXI END	TTOTILO		PAGE 48 OF 52 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Publi	ic Distribution/Dissemination
Cathy Longtin			11	19 / 2014
Mailing Address 827 Navavre Ave			Amount	
City	State	Zip Code		9.90
New Orleans	LA	70124		ID: 46e311dc-edbd-4c75-a ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 11	19 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		290687.03	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee			Date of Publ	ic Distribution/Dissemination
Colton R Overcash			11	19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 121 Ohara Dr			Amount	
City	State	Zip Code		94.00
Salisbury	NC	28147		D: 0b269fbb-958e-4023-b ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	19 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	· · · · · ·	290687.03	Disbursement For: 2014 Other (s	Primary X General
(a) SUBTOTAL of Itemized Independent Expendit	ures			103.90
			7	7
(b) SUBTOTAL of Unitemized Independent Expen	ditures		•	7
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or i	idate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 / 21	2014
-				

Schedule E)				PAGE 49 OF 52 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			F	FEC IDENTIFICATION NUMBER ▼	
Women Speak Out PAC				C C00530766	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M / D D / Y Y Y Y Y	
Full Name of Payee Colton R Overcash			M	Public Distribution/Dissemination	
Mailing Address 121 Ohara Dr			Amount	11 19 2014 t	
City	State	Zip Code		61.80	
Salisbury	NC	28147		ction ID: 89c861db-63b3-455a-b Disbursement or Obligation	
Purpose of Expenditure Mileage		Category/ Type 002	М	11 19 7 2014	
Name of Federal Candidate		Support	Office Sought:	House District: 00	
Ms. Mary L Landrieu		X Oppose	Presider	Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought	2	290687.03	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶	
Full Name of Payee Brogan A Benoit			M	f Public Distribution/Dissemination	
Mailing Address 7144 South River Rd			Amoun	t	
City	State	Zip Code		60.00	
Addis	LA	70710	Transac Date of	tion ID: b246c241-9363-4d19-8 f Disbursement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001		11 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate		Support	Office Sought:	House District: 00	
Ms. Mary L Landrieu		X Oppose	Presider		
Calendar Year-To-Date Per Election for Office Sought		290687.03	Disbursement 2014 Oth	For:	
(a) SUBTOTAL of Itemized Independent Expenditures.				121.80	
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures			•		
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized				
Ms. Emily Buchanan	[Electron	nically Filed] Date	M M / / 11	21 2014	
Signature		_			

Sche	dule E)	1 E/N E.1.2.	1101120		PAGE 50 OF 52 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wor	men Speak Out PAC				C C00530766
Check	if X 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
	II Name of Payee Brogan A Benoit			M	of Public Distribution/Dissemination
Ма	ailing Address 7144 South River Rd			Amour	11 18 2014 nt
Cit	TV	State	Zip Code		6.90
	ddis	LA	70710		action ID : ea94033a-e234-4055-8 of Disbursement or Obligation
	rpose of Expenditure ileage		Category/ Type 002		11 18 2014
Na	me of Federal Candidate		Support	Office Sought	t: House District: 00
Ms	s. Mary L Landrieu		X Oppose	Preside	ent Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	2	290687.03	Disbursement 2014 Ot	r For: Primary X General cher (specify) ►
	III Name of Payee va M Johnston				of Public Distribution/Dissemination
Ma	ailing Address 2517 N 47th St			Amour	11 18 2014 nt
Cit	ty	State	Zip Code	- $ $ $ $ $ $ $ $	15.00
<u> </u>	lilwaukee	WI	53210		ction ID : db438013-18a2-44ae-b of Disbursement or Obligation
	irpose of Expenditure alary		Category/ Type 001		11 18 2014
Na	ame of Federal Candidate		Support	Office Sough	t: House District:00
M	s. Mary L Landrieu		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought		290687.03	Disbursement 2014 Of	t For:
(a)	SUBTOTAL of Itemized Independent Expenditure	÷S			21.90
(b)	SUBTOTAL of Unitemized Independent Expenditu	ures		· •	
(c)	TOTAL Independent Expenditures			.	
with	ler penalty of perjury I certify that the independe , or at the request or suggestion of, any candida y committee) any political party committee or its	te or authorized			
_	Ms. Emily Buchanan	[Electron	cically Filed] Date	M M /	21 2014
5	Signature				

Sc	chedule E)	VI LIVE	TOTILO				PAGE 51 OF 52 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
W	Vomen Speak Out PAC					С	C00530766
	eck if X 24-hour report 48-hour report	New repo	ort Am	nends repo	ort filed on	M = M	/ D = D / Y = Y = Y
7	Full Name of Payee				Date	e of Publi	ic Distribution/Dissemination
	Evelyn Lesaicherre					M M 11	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 629 Radiance Ave				Amo	ount	
	City Stat	te	Zip Code		$ $ Γ		80.00
	Metairie LA		70001				ID: 5f21a2a1-dd87-4534-a ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		M M 11	17 2014
	Name of Federal Candidate		<u> </u>	Support	Office Sou	aht:	House District: 00
	Ms. Mary L Landrieu			Oppose		_	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	2	290687.03		Disburseme 2014	ent For: Other (sp	Primary
	Full Name of Payee				Dat	e of Publi	ic Distribution/Dissemination
	Evelyn Lesaicherre					M = M	/ DID / YIYIYIY
	Mailing Address 629 Radiance Ave					11	17 2014
	029 Naulatice Ave				Am	ount	
	City Stat	.te	Zip Code				3.60
Ì	Metairie LA	A	70001		Tran Dat	saction II e of Disb	D: 429e1cbe-9c7c-436b-8 ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002		11 11	17 2014
Ì	Name of Federal Candidate			Support	Office Sou	ght:	House District:00
	Ms. Mary L Landrieu		X	Oppose	Pres	ident	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		290687.0	3	Disbursem 2014	ent For: Other (s _l	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditures							
(b) SUBTOTAL of Unitemized Independent Expenditures							
	(c) TOTAL Independent Expenditures				•		
١	Under penalty of perjury I certify that the independent exp with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	M M M M M M M M M M M M M M M M M M M	/ 21	/ Y Y Y Y Y 2014
	Signature		_				

	meduic Ly	FOR SE OF FORM 24/48			
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
۷۱	Vomen Speak Out PAC	C C00530766			
Ch	eck if X 24-hour report 48-hour report New report Amends report filed	i on Mam / Dab / Yayayay			
	Full Name of Payee	Date of Public Distribution/Dissemination			
	ERIC TABARY	11 17 2014			
	Mailing Address 6101 NORA ST	Amount			
	City State Zip Code	70.00			
	METAIRIE LA 70003	Transaction ID : 493b48af-8740-4563-a Date of Disbursement or Obligation			
	Purpose of Expenditure Salary Category/ Type 001	11 17 2014			
	Name of Federal Candidate Support Offic	e Sought: House District: 00			
	Ms. Mary L Landrieu Oppose	President State: LA			
	Calendar Year-To-Date Per Election for Office Sought Disb 290687.03 2014	ursement For: Primary X General			
	Per Election for Office Sought	Other (specify) ▶			
	Full Name of Payee ERIC TABARY	Date of Public Distribution/Dissemination			
	Mailing Address 6101 NORA ST	11 17 2014 Amount			
	City State Zip Code METAIRIE LA 70003	1.50 Transaction ID : a2c10a53-e38c-456f-b			
	Purpose of Expenditure Category/ Ca	Date of Disbursement or Obligation			
	Mileage Oatogory Type 002	11 17 2014			
	Name of Federal Candidate Support Office	e Sought: House District: 00			
	Ms. Mary L Landrieu Oppose	President State: LA			
	Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For:			
	(a) SUBTOTAL of Itemized Independent Expenditures	71.50			
(b) SUBTOTAL of Unitemized Independent Expenditures					
	(c) TOTAL Independent Expenditures	14151.43			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
		11 21 2014			
	Signature				

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